

Professional Billing System

Electronic Import Specification

Version: 1.0
Date: January 09, 2003
Author: Daniel Coleman
Customer Contact(s): Judy Niebuhr, Accounts Payable Manager

APPROVALS:

Client : Judy Niebuhr

Date

MIS Manager: Jane Murr

Date

HISTORY

Version	Date	C/M	Responsible	Reason
1.0	01/09/2003	Created	Dan Coleman	Data Input Processes
	3/21/2007	Modified	Mike Hill	Modified for inclusion of NPI.
	11/01/2007	Modified	Mike Hill/ Tom Duecker	Modified for inclusion of Provider AHCCCS Id, Nursing HCPCS and Procedure Modifiers

Electronic Input

Electronic bills can be accepted by the DES / DDD Professional Billing System (PBS). Electronic bills must be submitted as follows:

- 3 ½" floppy disk or CD delivered to the DDD Accounts Payable Unit
- Only 1 file must be submitted per disk or CD
- File must reside in root of the disk or CD
- Filename must be in the correct format as specified below
- File contents (header, detail, trailer) must be in correct format as specified below

File Naming Standard

All providers must be issued a 4-character PBS provider code (4 digit code) for use in the file name and identification in the database. This is usually a code based on the name of the provider and is unique to the PBS. If a provider does not know their code they should contact the DDD Accounts Payable Manager prior to file submission at 602-542-6874.

Current Fiscal Year:

For a billing for the current State Fiscal Year, the file name must be in format:

XXXXYYMM.txt

where XXXX (4 digit code) is provider code, YY is year, MM is month.

Ex: PROV0311.txt – Provider: PROV for November FY 2003

Resubmission and Rebills

Resubmissions and rebills can be on the same disks or CD's along with the monthly billing. You may include prior fiscal year. You will always use current month and current fiscal year.

File Format:

Header Line

- Must be the first line in the file
- Line Layout

Description	Type*	Format	Length	Start Position	Values
REC_INDICATOR	AN	AA	2	1	HR
FILE_MONTH	AN	AAA	3	3	JAN thru DEC
FILE_YEAR	N	NN	2	6	Current State FY
PROVIDER_ID	AN	XXXXXXXXXX	9	8	
PROVIDER_NPI	AN	XXXXXXXXXX	10	17	Vendor NPI
PROVIDER_AHCCCS_ID	AN	XXXXXX	6	27	AHCCCS ID

Note: An NPI must be used for Therapy (OT, PT, SP) and Nursing Services. For all other services this should be blank UNLESS the provider has obtained an NPI. If the provider has provided an NPI to AHCCCS, then an NPI must be included or the claim will reject. NPI means National Provider Identification. AN NPI can only be obtained from CMS (Centers for Medicare and Medicaid Services).

Provider NPI is the Vendor, not the Provider of Service NPI.

Trailer Line

- Must be the last line in the file
- Line Layout

Description	Type*	Format	Length	Start Position	Values
REC_INDICATOR	AN	AA	2	1	TR
REC_COUNT	N	NNNNNNNNNNNN	12	3	
TOTAL_UNITS	N	NNNNNNNNNN.NN	13	15	
TOTAL_TPL_AMT	N	NNNNNNNNNN.NN	13	28	
TOTAL_AMOUNT	N	NNNNNNNNNN.NN	13	41	

* AN – AlphaNumeric
N – Numeric (0 – 9 or decimal point (.) permitted)

Detail Line(s)

- Must have at least one (1) detail line between the header line and the trailer line
- Line Layout

Description	Type*	Format	Length	Start Position
PROVIDER_ID	AN	XXXXXXXXXX	9	1
SERVICE_LOCATION	AN	XX	2	10
CONTRACT_NUMBER	AN	XXXXXXXXXX	8	12
CLIENT_ID	AN	XXXXXXXXXXXX	10	20
CLIENT_LAST_NAME	AN	XXXXXXXXXXXXXXXXXX	16	30
CLIENT_FIRST_NAME	AN	XXXXXXXXXXXXXXXXXX	13	46
SERVICE_START_DATE	AN	MM/DD/YY	8	59
FILLER_BLANK_1	AN		1	67
SERVICE_END_DATE	AN	MM/DD/YY	8	68
FILLER_BLANK_2	AN		1	76
SERVICE_CODE	AN	XXX	3	77
FILLER_BLANK_3	AN		1	80
DELIVERED_UNITS	N	NNNNNNN.NN	10	81
FILLER_BLANK_4	AN		1	91
ABSENT_UNITS	N	NNNNNNN.NN	10	92
FILLER_BLANK_5	AN		1	102
TOTAL_UNITS	N	NNNNNNN.NN	10	103
FILLER_BLANK_6	AN		1	113
RATE	N	NNNNNNN.NN	10	114
FILLER_BLANK_7	AN		1	124
TPL_AMOUNT	N	NNNNNNN.NN	10	125
FILLER_BLANK_8	AN		1	135
TOTAL_AMOUNT_DUE	N	NNNNNNN.NN	10	136
FILLER_BLANK_9	AN		1	146
BILLING_MONTH	AN	AAA	3	147
BILLING_FISCAL_YEAR	N	NN	2	150
FILLER_BLANK_10	AN		1	152
FILLER_BLANK_11	AN		1	153
PROVIDER_CONTROL_NUMBER	AN	XXXXXX	6	154
FILLER_BLANK_12	AN		1	160
PROVIDER_OF_SERVICES	AN	XXXXXX	6	161
SERVICE_CODE_REAL	AN	XXX	3	167
PLACE_OF_SERVICE	AN	XX	2	170
FILLER_BLANK_13	AN		3	172
TPL_CODE	AN	XX	2	175
PROVIDER OF SERVICE NPI	AN	XXXXXXXXXXXX	10	177
HCPCS_ID	AN	XXXXX	5	187
PROCEDURE_MODIFIER_1	AN	XX	2	192
PROCEDURE_MODIFIER_2	AN	XX	2	194
PROCEDURE_MODIFIER_3	AN	XX	2	196

* AN – AlphaNumeric

N – Numeric (0 – 9 or decimal point (.) permitted)

File Validation:

- ✓ Files that contain no errors will be automatically accepted into the PBS
- ✓ Files with Header or Syntax errors will be automatically denied
- ✓ The user will have the opportunity to replace, combine, or deny files that have an existing approved file (for the provider, month, and year)
- ✓ Header Checks
 - Provider Code in filename must be valid in Provider table and link to Provider ID in header file record
 - Month and Year in filename must match the Month and Year in header file record
 - Provider ID in header file record must match the Provider ID in detail file records
 - Sum of Total Units, TPL Amount, and Total Amount in detail file records must match Total Units, TPL Amount, and Total Amount in trailer file record
 - Record Count in trailer file record must be a valid numeric and in correct format (see layout)
 - Total Units, TPL Amount, and Total Amount in trailer file record must be valid numerics and in correct formats (see layout)
 - Start Date and End Date must fall within the provider's start date and end date (in Provider table)
- ✓ Syntax Checks
 - Numeric fields (Delivered Units, Absent Units, Total Units, Rate, TPL Amount, Total Amount) must have decimal point (.) in correct location (see layout) and must not be blank
 - Date fields (Start Date, End Date) must have slashes (/) in correct locations (see layout)
- ✓ Data Checks
 - Numeric fields (Delivered Units, Absent Units, Total Units, Rate, TPL Amount, Total Amount) must be valid numerics
 - Date fields (Service Start Date, Service End Date) must be valid dates
 - Start Date must be earlier than the End Date
 - All detail file records must contain client-related services (i.e. Client Id <> 0000000000, blank)

✓ Warnings

- Blank lines found in file are ignored during validation and are not sent to mainframe

Common Errors

The following errors have been identified in initial vendor file submissions:

- No blank number fields should be transmitted. 0.00 should be transmitted instead of a blank
- All client ids must have leading 0's. The file can not pass the import routine without them